



City of Charleston Inspections Division

INSPECTION REQUEST

Fax Number: 843-973-7254

E-mail address: inspections@ci.charleston.sc.us

It shall be the duty of the person doing the work authorized by a permit to notify the Building Inspection's Office that such work is ready for inspection. It shall be the duty of the person requesting any inspections required by this code to provide access to and means for inspection of such work.

(The permit holder must submit all inspection requests.)

ONLY ONE INSPECTION REQUEST PER FORM

Date of Request:		Permit Number:	
Requested By:		Company Name:	
Phone Number:		Fax Number:	
Address of Property to be Inspected:			
Subdivision:			

☐ Downtown

☐ West Ashley

☐ James & Johns Island

☐ Daniel Island

TYPE OF INSPECTION

☐ COMMERCIAL

☐ RESIDENTIAL

<u>BUILDING</u>	<u>ELECTRICAL</u>	<u>PLUMBING</u>	<u>MECHANICAL</u>	<u>GAS</u>	<u>FIRE</u>
<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> SERVICE U/G	<input type="checkbox"/> ROUGH	<input type="checkbox"/> ROUGH	<input type="checkbox"/> ROUGH	<input type="checkbox"/> FIRE WALL
<input type="checkbox"/> SLAB	<input type="checkbox"/> ROUGH-IN	<input type="checkbox"/> SEWER	<input type="checkbox"/> FINAL	<input type="checkbox"/> FINAL	<input type="checkbox"/> SPRINKLER
<input type="checkbox"/> INSULATION	<input type="checkbox"/> SLAB	<input type="checkbox"/> SLAB	<input type="checkbox"/> HOOD	<input type="checkbox"/> SAFETY	<input type="checkbox"/> FIRE ALARM
<input type="checkbox"/> FRAME	<input type="checkbox"/> SAFETY	<input type="checkbox"/> TOP-OUT	<input type="checkbox"/> CHANGE OUT	<input type="checkbox"/> OTHER	<input type="checkbox"/> SUPPRESSION
<input type="checkbox"/> FINAL	<input type="checkbox"/> POOL	<input type="checkbox"/> FINAL	<input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/> FINAL
<input type="checkbox"/> SHEATHING	<input type="checkbox"/> FINAL	<input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHER
<input type="checkbox"/> OTHER	<input type="checkbox"/> TEMP. POLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:	
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For Office Use Only

INSPECTED BY:		DATE:	TIME COMPLETED:
APPROVED:	<input type="checkbox"/>	DISAPPROVED:	<input type="checkbox"/>
COMMENTS:			
CORRECTION SHEET COPY ATTACHED <input type="checkbox"/>			